



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METRO CENTER
NASHVILLE, TENNESSEE 37243
www.tennessee.gov

AFFIDAVIT OF SUPERVISOR

For: _____

Name of Applicant

License/Certification Number _____

who is licensed as a **Psychological Examiner** or **Certified Psychological Assistant** in the State of Tennessee. **(Please underline the profession)**

I will have the responsibility for direct supervision of the psychological services delivered by the above named licensee.

Signature of Supervisor

Name of Supervisor (Please Print)

Tennessee License Number

NOTE: It is the Psychological Examiner's/Psychological Assistant's responsibility to notify the Board and provide the Board any change in supervisors on the appropriate form.

Subscribed and sworn before me this _____ day of _____, 20_____.

(Seal)

Notary

My commission expires: _____

MS/G4015126/BPE